## Dalux Paint Cerkers

February 27 2002

Mr. John Beard Missouri Department of Natural Resources P.O. Box 176 Jefferson City, MO 65102

Re: 2001 Hazardous Waste Report ICI Dulux - Store #157 14583 Manchester Rd. Manchester, MO 63011



The above referenced facility is registered as a large quantity generator. However, no waste was generated in 2001. The facility had a one time large disposal in January of 2002, due to consolidation of obsolete product. The facility is a paint retail store and in general, generates only minimal quantities of waste. Therefore, I am submitting the RCRA Subtitle C Site Identification Form to provide subsequent notification of generator status as a conditionally exempt small quantity generator.

If you should have further questions, or require additional information, please do not hesitate to contact me at 216-344-8431. Thank you.

Sincerely, Zimele Cross

Rhonda Cross

Safety, Health & Environmental Specialist - Stores Division

R00406645 RCRA RECORDS CENTER

16 179 2002

925 Euclid Avenue • Cleveland, OH 44115 • www.iciduluxpaints.com • Telephone 216/344-8139 • Fax 216/771-3923







| MAIL THE COMPLETED FORM TO: The Appropriate EPA Regional or State Office.  | United States Environmental Protection Agent   |                                      |  |  |  |  |  |
|--|--|--------------------------------------|--|--|--|--|--|
| 1. Reason for Submittal (see instructions on page 10) CHECK CORRECT BOX(ES)  | Reason for Submittal:  To provide initial notification (to obtain an EPA ID Number for him to provide subsequent notification (to update site identification)  As a component of a First RCRA Hazardous Waste Part A Permin As a component of a Revised RCRA Hazardous Waste Part A Permin As a component of the Hazardous Waste Report. | information).<br>it Application.     |  |  |  |  |  |
| 2. Site EPA ID Number (see instructions on page 11)  | EPAID Number: MIGROGOISPZILIQ4   |                                      |  |  |  |  |  |
| 3. Site Name (see instructions on page 11)   | Name: THE GUDDEN CONPANY DI  | 30 JEJDULY PAINTS                    |  |  |  |  |  |
| 4. Site Location   | Street Address: 14583 WANCHESS   | IR RO                                |  |  |  |  |  |
| Information (see<br>Instructions on page 11)   | City, Town, or Village: LLAKINGSTON  | State: MO                            |  |  |  |  |  |
|  | County Name: ST LOUIS  | Zip Code: 6301                       |  |  |  |  |  |
| 5. Site Land Type (see<br>Instructions on page 11)   | Site Land Type: Private  | ☐ Indian ☐ Municipal ☐ State ☐ Other |  |  |  |  |  |
| 6. North American Industry<br>Classification System<br>[NAICS] Code(s) for the<br>Site (see instructions on<br>page 11)  | A. 44412 B.  |                                      |  |  |  |  |  |
| 7. Site Mailing Address  | Street or P. O. Box: 925 EUCLID AVENUE   |                                      |  |  |  |  |  |
| 7. Site Mailing Address<br> see instructions on page<br>12)  | City, Town, or Village: CLENSUAN   |                                      |  |  |  |  |  |
|  | State: OHIO  |                                      |  |  |  |  |  |
|  | Country: UNITED STATES   | Zip Code: 44115                      |  |  |  |  |  |
| B. Site Contact Person (see  | First Name: RIEN OF MI: J  | Last Name: COSS                      |  |  |  |  |  |
| instructions on page 12)   |  | Phone Number Extension:              |  |  |  |  |  |
| Phone Number:  Phone Number:  Phone Number Exter  Phone Number Exter  A. Name of Site's Legal Owner: Doul 205 Reput Date Became Owner  Operator of the Site (see instructions on pages 12 and 13)  A. Name of Site's Legal Owner: Doul 205 Reput Date Became Owner  Owner Type: Private County District Federal Olindian Municipal County District Description of the Site (see instructions on pages 12 and 13) | Date Became Owner (mm/dd/yyyy):  |                                      |  |  |  |  |  |
|  |  | ☐ Indian ☐ Municipal ☐ State ☐ Other |  |  |  |  |  |
|  | B. Name of Site's Operator: The GUDDEN CO  | Date Became Operator (mm/dd/yyyy):   |  |  |  |  |  |
|  | Operator Type: Private County District Federal   | ☐ Indian ☐ Municipal ☐ State ☐ Other |  |  |  |  |  |

| EPA ID No. | MO | NO | DO | 50 | 21 | 0 |  |  |
|------------|----|----|----|----|----|---|--|--|

| Α.  | Hazardous Waste Activities                                  |   |   |  |  |  |  |  |
|---|---|---|---|--|--|--|--|--|
| A. Hazardous Waste Activities  1. Generator of Hazardous Wa (choose only one of the followardous waste; or  h. SQG: 100 to 1,000 kg hazardous waste; or  c. CESQG: Less than 100 waste  In addition, indicate other g |   | s Waste following three categori n 1,000 kg/mo (2,200 lbs or 00 kg/mo (220 - 2,200 lbs or n 100 kg/mo (220 lbs./m | s./mo.) of non-acute s./mo.) of non-acute o.) of non-acute hazardous (check all that apply) | For Items 2 through 6, check all that apply:  2. Transporter of Hazardous Waste  3. Treater, Storer, or Disposer of Hazardous Waste (at your site) Note: A hazardous waste permit is require for this activity.  4. Recycler of Hazardous Waste (at your site) Note: A hazardous waste permit may be required for this activity.  5. Exempt Boiler and/or Industrial Furnace  a. Small Quantity On-site Burner Exemption  b. Smelting, Melting, Refining Furnace Exemption |  |  |  |  |
| B.  | Universal Waste Activit                                     | ties  |   | C. Used Oil Activities  1. Used Oil Transporter - Indicate Type(s) of Activity(ies)  |  |  |  |  |
|   | letermine what is regulated]<br>nd/or accumulated at your s | . Indicate types of univ  | ersal waste generated   | □ a. Transporter □ b. Transfer Facility  2. Used Oil Processor and/or Re-refiner - Indicate Type(s)  |  |  |  |  |
| 8   | . Batteries   |   |   | of Activity(ies)   |  |  |  |  |
| t   | . Pesticides  |   |   | a. Processor   |  |  |  |  |
| C   | . Thermostats   |   |   | ☐ b. Re-refiner  |  |  |  |  |
| c   | . Lamps   |   |   | ☐ 3. Off-Specification Used Oil Burner   |  |  |  |  |
| 6   | . Other (specify)   | □   |   | 4. Used Oil Fuel Marketer - Indicate Type(s) of Activity(ie  |  |  |  |  |
| f   | Other (specify)   |   |   |  |  |  |  |  |
| ç   | . Other (specify)   |   | 0   | a. Marketer Who Directs Shipment of Off-Specifica tion Used Oil to Off-Specification Used Oil Burner   |  |  |  |  |
| <b>a</b>  | . Destination Facility for Un<br>Note: A hazardous waste p  |   | or this activity.   | □ b. Marketer Who First Claims the Used Oil Meets the Specifications   |  |  |  |  |
| A. 1  |   | egulated Hazardous Wa   | stes. Please list the waste co  | odes of the Federal hazardous wastes handled at your site. List 112). Use an additional page if more spaces are needed.  |  |  |  |  |
| _   | 601   |   | (1.03, 2001, 2003, 1007, 0  | 1 12/1 Coo an additional page in more spaces are necessar  |  |  |  |  |
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|   |   |  |  | OME                         | 3#: 2050-                 | 175 Exp               | oires 12/31/2003                   |
|---|---|--|--|-----------------------------|---------------------------|-----------------------|------------------------------------|
|   |   |  | EP   | No.                         |                           |                       |                                    |
| 3. Waste Codes for State-Regulated (i.e., a handled at your site. List them in the order  | non-Federal) Hazardou<br>they are presented in t                                | is Wastes. Please list the regulations. Use an                                 | ne waste codes of<br>additional page if                          | the State-r                 | egulated h                | azardous<br>ded for v | wastes<br>vaste codes.             |
|   |   |  | T  |                             |                           |                       |                                    |
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|   |   | +  |  |                             |                           |                       |                                    |
| 12. Comments (see instructions on pa  | ige 17)   |  |  |                             |                           |                       |                                    |
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|   | 5.  |  |  |                             |                           |                       |                                    |
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|   |   |  |  |                             |                           |                       |                                    |
| 13. Certification. I certify under penalty accordance with a system designed to assuthe person or persons who manage the system of my knowledge and belief, true, accurate possibility of fine and imprisonment for | are that qualified person<br>stem, or those persons<br>arate, and complete. I a | nnel properly gather an<br>directly responsible for<br>am aware that there are | d evaluate the info<br>gathering the info<br>significant penalti | ormation su<br>ormation, th | ubmitted. E<br>ne informa | Based on tion subm    | my inquiry of<br>nitted is, to the |
| Signature of owner, operator, or an authorized representative   | Name and Official Title (type or print)   |  |  |                             | Date Signed (mm/dd/yyyy)  |                       |                                    |
| Sherele Cess  | RUDNOS CROSSS.H. E. SPECIALIST  |  |  |                             | 2/07/02                   |                       |                                    |
|   |   |  |  |                             |                           |                       | A                                  |
|   |   |  |  |                             |                           |                       |                                    |
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